

20f2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>097622621</b>		FILING DATE		
APPLICANT(S)											
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 <sup>1</sup>	0					51					
10 <sup>2</sup>	0					52					
10 <sup>3</sup>	0					53					
10 <sup>4</sup>	0					54					
10 <sup>5</sup>	1					55					
10 <sup>6</sup>	1					56					
10 <sup>7</sup>	1					57					
10 <sup>8</sup>	1					58					
10 <sup>9</sup>	1					59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	11					TOTAL IND.					
TOTAL DEP.	250					TOTAL DEP.					
TOTAL CLAIMS	261					TOTAL CLAIMS					

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						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51		2			
2	1					52		2			
3	1					53		2			
4	2					54	1				
5	1					55	1				
6	1					56	1				
7	1					57		1			
8	1					58		1			
9	1					59		1			
10	1					60		1			
11	1					61		1			
12	1					62		1			
13	1					63	1				
14	6					64		1			
15	6					65		1			
16	6					66		1			
17	6					67		1			
18	6					68	1				
19	6					69		1			
20	6					70		1			
21	6					71		1			
22	6					72		1			
23	6					73		1			
24	6					74		1			
25	6					75		1			
26	6					76		1			
27	6					77		1			
28	6					78		1			
29	6					79		6			
30	6					80		6			
31	6					81		6			
32	6					82		6			
33	6					83		8			
34	1					84		6			
35	1					85		6			
36	1					86		8			
37	1					87		8			
38	1					88	1				
39	1					89	1				
40	1					90		1			
41	1					91		2			
42	1					92		2			
43	1					93		2			
44	1					94		2			
45	1					95		2			
46	1					96		2			
47	1					97		2			
48	1					98		2			
49	1					99		2			
50	1					100		2			
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					

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